

RECEIVED
CENTRAL FAX CENTER

JAN 12 2007

FENWICK & WEST LLP

Silicon Valley Center • 801 California Street • Mountain View, CA 94041

Tel 650.988.8500 • Fax 650.938.5200 • www.fenwick.com

FACSIMILE TRANSMISSION**CONFIDENTIAL**

DATE: January 12, 2007

CLIENT NO.: 19538

TO:

NAME	FAX No.	PHONE No.
Commissioner for Patents - USPTO	(571) 273-8300	

FROM: Robert R. Sachs, Reg. No.
42,120

PHONE: (415) 875-2410

NUMBER OF PAGES WITH COVER PAGE: 5

ORIGINAL WILL NOT FOLLOW

MESSAGE:

Attached are the Power of Attorney form, Change of Correspondence Address and Statement Under 3.73(b) for the following application:

10/608,827

CAUTION - CONFIDENTIAL

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE OR THEIR DESIGNEE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.


IF YOU DO NOT RECEIVE ALL OF THE PAGES, OR IF THEY ARE NOT CLEAR,
PLEASE CALL Tiffany Bell AT (415) 875-2445 AS SOON AS POSSIBLE.


RECEIVED
CENTRAL FAX CENTER

JAN 12 2007

0001/PTO Rev. 10/95		U.S. Department of Commerce Patent and Trademark Office		Application Number	N/A
TRANSMITTAL FORM (to be used for all correspondence during pendency of filed application)				Filing Date	N/A
				First Named Inventor	N/A
				Examiner	
				Group Art Unit	
Total Number of Pages in This Submission		5	Attorney Docket Number		

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Information Disclosure Statement & PTO/SU/08A <input type="checkbox"/> Copies of IDS Cited References <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Request for Correction of Recorded Assignment <input type="checkbox"/> Amendment/Response: [] Page(s) <input type="checkbox"/> After Final <input type="checkbox"/> Status Request <input type="checkbox"/> Request to Withdraw as Attorney or Agent in Application Nos.	<input checked="" type="checkbox"/> Power of Attorney, Change of Correspondence Address and Statement under 3.73(b). 10/608,827
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	Robert R. Sachs, Reg. No. 42,120	Dated:	1/12/07

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.			
Signature:			
Typed or Printed Name:	Robert R. Sachs	Dated:	1/12/07
Facsimile Number:	1-571-273-8300		

24026/01000/SF/5170972.1